WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 23060
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER (Louis Poole) Purple Sage Mobile Home Ranch ADDRESS Ryndon, NV

2. LOCATION 5½ NW¼ SE¼ SE¼ ¼ Sec. 36 T. 35 N/S R. 56 E. Parcel #3 Purple Sage Subdivision Elko County

PERMIT NO.

3. TYPE OF WORK
New Well ☒ Recondition ☐
Deepen ☐ Other ☐

4. PROPOSED USE
Domestic ☒ Irrigation ☐ Test ☐
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☒
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top Soil		0	5	5
Brn Clay & Gravel		5	20	15
Clay, Some Gravel & Sand	✓	20	120	100
Gravel & water Tble	✓	120	130	10

Date started June 17, 19 81
Date completed June 20, 19 81

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 6 inches Total depth 130 feet
Casing record 1315ft. 6" casing Bottom 20' Perf
Weight per foot 10.75 Thickness .156

Diameter	From	To
10 inches	0 feet	50 feet
8¾ inches	50 feet	130 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Neat Cement
Depth of seal 0–50 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 50 feet to 130 feet

Perforations:
Type perforation Cutting Torch
Size perforation 1/8" X 12"
From 110 feet to 130 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 25 Feet below land surface
Flow No G.P.M. 15
Water temperature Cold °F. Quality Good

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name B. B. Gailey
STAR RT B. Box 191
Address MTN. Home, Ida. 83647

Nevada contractor's license number 15356

Nevada driller's license number 1072

Signed B B Gailey

Date July 1, 1981

USE ADDITIONAL SHEETS IF NECESSARY

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